

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 12 AM 8: 11

**DOCUMENT # 243273 (0)**

1. Corporation Name

**PERKO, INC.**

Principal Place of Business

Mailing Address

16490 NW 13TH AVE  
 PO BOX 64000 D  
 MIAMI FL 33169

16490 NW 13TH AVE  
 PO BOX 64000 D  
 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/29/1960</b>	3a. Date of Last Report <b>02/04/1994</b>
4. FEI Number <b>59-0932376</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. The corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	<b>FL</b>	

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON JR, BARNETT  
 2255 GLADES RD #319  
 BOCA RATON FL 33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the 1 applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ASD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBINSON JR, BARNETT</b>	1.2 NAME	
STREET ADDRESS	<b>2255 GLADES RD #319</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>T</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREMONT, ALBERT</b>	2.2 NAME	
STREET ADDRESS	<b>16490 NW 13TH AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>EV</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLLENBECK, LEROY</b>	3.2 NAME	
STREET ADDRESS	<b>16490 NW 13TH AVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERKINS, MARVIN D</b>	4.2 NAME	
STREET ADDRESS	<b>16490 NW 13TH AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERKINS, FREDERICK M</b>	5.2 NAME	
STREET ADDRESS	<b>16490 NW 13TH AVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ALBERT M. FREMONT *Albert M. Fremont* **6/6/95** **305-621-7525**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)

CR2E034 (3/95)